



DELAWARE DEPARTMENT OF INSURANCE
CAPTIVE INSURANCE COMPANY 2006 ANNUAL PREMIUM TAX AND FEES REPORT
GENERAL INFORMATION AND FILING INSTRUCTIONS

(References are to Title 18, *Delaware Insurance Code*)

This calendar year 2006 Annual Premium Tax and Fees Report is specifically designed for Captive Insurers authorized to transact insurance business in the state of Delaware after July 11, 2005, or Captive Insurers authorized prior to July 12, 2005, that have chosen to be regulated and taxed according to the provisions of the Delaware Revised Captive Insurance Company Act, enacted July 12, 2005. The revised statute may be viewed at <http://www.delcode.state.de.us/>.

IMPORTANT: DO NOT SEND THE ANNUAL PREMIUM TAX AND FEES FORM OR REMITTANCE WITH THE ANNUAL STATEMENT

Annual statements are received at a different section of the Insurance Department. If you send the form and check in the annual statement, the filing may not reach the tax collections department in a timely manner and the company will be assessed a \$100.00 per business day administrative penalty for late filing. The date the form is received in the tax department will be used for the delivery date on which the penalty will be assessed.

ELECTRONIC PAYMENT INFORMATION

The State of Delaware Insurance Department accepts tax and/or fees payments electronically using an ACH CCD+ format. Although using electronic payment is optional, the State encourages all companies to participate. Any company wishing to participate must be authorized to do so before electronic funds transfers may begin. Please refer to the Electronic Funds Payment Guide for information.

If paying by check, make check payable to: *Delaware Insurance Department*

MAILING INSTRUCTIONS

The Delaware Insurance Department has established a lockbox operation for the collection of taxes and fees. The completed 2006 Annual Fees Assessment Form and accompanying check must be **received** at one of the bank addresses listed below on or before March 1, 2007. Filings received after that date will be considered late and the company may be subject to an administrative penalty of \$100.00 per business day until the filing is received. *Please note: The Delaware Insurance Department uses a "received by" date, not a postmark date*

If using U.S. Postal Service (regular mail):	If using Courier or Express Service (overnight delivery):
Delaware Insurance Department c/o National City Bank 6705 Reliable Parkway Chicago, IL 60686	Delaware Insurance Department c/o National City Bank Attention: Lockbox # 6705 5635 S. Archer Ave. Chicago, IL 60638-1656

GENERAL INSTRUCTIONS

COMPANY INFORMATION AND MAILING ADDRESS

Complete all Company Information. List the address and contact person to whom annual tax and/or fees information or questions should be directed.

Note: Two or more captive insurers under common ownership or control shall be taxed as though they were a single company. List any other companies included in this tax report as indicated on form.

ANNUAL TAX AND/OR FEES CALCULATION

- Lines 1, 2 and 3 Enter Direct premiums collected or contracted for during the calendar year on policies or contracts of insurance written. Deduct amounts paid to policyholders as return premiums with respect to such preceding year only. Include only dividends or distributions of unabsorbed premiums or premium deposits returned or credited to policyholders. Do not include annuities. Amounts listed must match annual statement State Page Exhibit of Premiums Written.
- Line 4 Enter Excess workers' compensation and employers' liability premiums written. Amount must match annual statement State Page.
- Line 5 **TOTAL DIRECT WRITTEN PREMIUM:** Sum Lines 1 through 4
- Line 6 Multiply Line 5 by .002. (per § 6914, Each captive insurance company, other than a sponsored captive insurance company, and each protected cell of a sponsored captive insurance company shall pay a tax at the rate of 2/10 of 1% on each dollar of direct premium written.)
- Line 7 **TOTAL Direct Premium Tax** up to a maximum tax for such year of \$125,000 per § 6914. If greater than \$125,000.00, enter \$125,000.00.
- Line 8 Enter Total Assumed Reinsurance premiums collected or contracted for during the calendar year on policies or contracts of insurance written. Do not include direct premiums or assets received in exchange for the assumption of loss reserves and other liabilities of another insurer under common ownership and control if such transaction is part of a plan to discontinue the operations of such other insurer and if the intent of the parties to such transaction is to renew or maintain such business.

- Line 9 Multiply Line 8 by .001. (per § 6914, Each captive insurance company, other than a sponsored captive insurance company, and each protected cell of a sponsored captive insurance company shall pay a tax at the rate of 1/10 of 1% on each dollar of reinsurance assumed)
- Line 10 **TOTAL Assumed Reinsurance Premium Tax** up to a maximum tax for such year of \$75,000 per § 6914. If greater than \$75,000.00, enter \$75,000.00
- Line 11 **TOTAL PREMIUM TAX AMOUNT:** Sum Line 7 plus Line 10. If sum is greater than \$5,000.00, enter sum amount. If sum amount is less than \$5,000.00, enter minimum tax amount of \$5,000.00 per § 6914 (c).
- Line 12 If Line 11 is greater than \$50,000.00 and the company meets eligibility requirements, enter Qualified Employee Adjustment amount to reduce Line 11 Premium Tax Amount to \$50,000.00. Subtract from Line 11.
This adjustment is available to companies that meet the following criteria according to §6914 (h):
1. Would otherwise have a current tax liability of \$50,000.00 or more, and
 2. Employ in this State 25 or more separate qualified individuals throughout the tax year on a regular basis of 35 or more hours per week either by the captive insurance company, or by a wholly owned subsidiary of the captive insurance company that provides captive insurance company management, operating, investment or related services exclusively to such captive insurance company.
- Companies that meet these criteria shall pay to the Commissioner annual aggregate tax of \$50,000.00.
- Line 13 Enter total amount of quarterly prepayments made during the year (if applicable). Subtract from Line 11.
- Line 14 Add Certificate of Authority Renewal Fee: (as pre-printed) \$300.00 per § 6903 (d)
- Line 15 **PREMIUM TAX AND FEES DUE:** Payment for this amount MUST be attached or electronically transmitted via ACH Credit.
- Line 16 **Refund** – amount of overpayment. The Insurance Department will issue a refund check to the company. **DO NOT** apply refund amount to any future premium tax liabilities

AFFIDAVIT Complete all sections and obtain signatures as indicated.

QUESTIONS should be directed to: Mrs. Ann Fletcher, Premium Tax Coordinator, via email at: Ann.Fletcher@state.de.us



DELAWARE DEPARTMENT OF INSURANCE
PREMIUM TAX AND FEES REPORT
FOR THE CALENDAR YEAR 2006, DUE MARCH 1, 2007

Original Report ☐

Amended Report ☐

CAPTIVE

"New Law"

TAX DEPARTMENT MAILING ADDRESS AND COMPANY INFORMATION

Company Name:

Premium Tax Contact Person:

Contact E-mail:

Tax Dept. Phone and Ext.:

Tax Department Address:

City - State - Country - Zip + 4:

Federal EIN :

NAIC #:

NAIC Group #:

State of Domicile (abbr.):

Has this Company written any Wet Marine & Transportation insurance in the United States in any of the past 3 years?

(Check one)

Yes ☐

No ☐

Two or more captive insurance companies under common ownership and control shall be taxed as though they were a single captive insurance company.

List Name, EIN and NAIC # of other companies included in this report:

NAME	EIN	NAIC #
NAME	EIN	NAIC #
NAME	EIN	NAIC #

PREMIUM TAX SUMMARY FOR CALENDAR YEAR 2006

GROSS DIRECT PREMIUM TAX

Must equal data reported on State Business Page of Annual Statement

	Premiums	Dividends	Taxable Premiums	
1. Life Premiums			\$	1
2. Accident and Health Premiums			\$	2
3. Property, Casualty, Surety and Title Premiums			\$	3
4. Excess Worker's Compensation & Employer's Liability Premiums			\$	4
5. TOTAL - All Gross Direct Taxable Premiums (sum Lines 1-4)			\$	5
6. Direct Premium Tax Rate (2/10 of 1% per § 6914)			X .002	6
7. TOTAL - Direct Premium Tax			\$	7

ASSUMED REINSURANCE PREMIUM TAX, FEES AND/OR CREDITS

8. TOTAL - Assumed Reinsurance Premiums	\$	8
9. Reinsurance Premium Tax Rate (1/10 of 1% per § 6914)	X .001	9
10. TOTAL - Assumed Reinsurance Premium Tax	\$	10
11. TOTAL PREMIUM TAX AMOUNT (Sum Line 3 plus Line 6)	\$	11
12. LESS - Qualified Employees Adjustment (Enter amount that will reduce Line 11 to \$50,000.00)	\$ ()	12
13. Annual Certificate of Authority Renewal Fee	\$ 300.00	13
14. LESS - Total premium tax prepayments made during 2006	\$ ()	14
15. TOTAL Tax and Fees Due (Lines 10 thru 16)	\$	15
Attach payment for this amount. →		
16. REFUND	\$ ()	16

IMPORTANT: A Refund Check will be sent to the Company.

DO NOT apply this amount to future tax liability.

AFFIDAVIT

All Premium Tax and Fees Reports shall be verified by the oath or affirmation of the President and Secretary or other responsible officer of the insurer, duly administered by a person authorized to administer oaths.

STATE of _____, COUNTY of _____, on this _____ day of _____, 20____, before me,
the subscriber, personally appeared _____ (President), and _____ (Secretary) of the
above named Insurer who being duly sworn (or affirmed) deposes and says that this report and all schedules are true, correct, and complete.

Company Officer Signature

Title

Company Officer Signature

Title

SWORN TO (OR AFFIRMED) AND SUBSCRIBED BEFORE ME THE DAY AND YEAR AFORESAID.

Signature (Notary Public)

Date Commission Expires

(Notary Seal)